

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

<b>1. Your Name:*</b> Heidi M. Siltan	<b>7. Your Phone Number:</b> (612) 596-4050
<b>2. Your Email Address: *</b> hmsilton@locklaw.com	<b>8. Full Case Number (if applicable):</b> 20-cv-07379
<b>3. Receipt Number:*</b> 0971-15128793	<b>9. Fee Type:*</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission  <input type="checkbox"/> Civil Case Filing  <input type="checkbox"/> FTR Audio Recording  <input type="checkbox"/> Notice of Appeal  <input checked="" type="checkbox"/> Pro Hac Vice  <input type="checkbox"/> Writ of Habeas Corpus         </div>
<b>4. Transaction Date:*</b> 10/29/2020	
<b>5. Transaction Time:*</b> 0:00 am	
<b>6. Transaction Amount (Amount to be refunded):*</b> \$ 310.00	
<b>10. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> <li>For a duplicate charge, provide the <b>correct</b> receipt number in this field.</li> <li>If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul> Duplicative charge for Pro Hac Vice of Heidi M. Siltan. Correct receipt number is: 0971-15128939.	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](http://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial)         </div>	<div style="text-align: right;"> <b>Ana Banares</b>          Digitally signed by Ana Banares          Date: 2021.01.13 09:36:36 -08'00'       </div>
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): <b>Please explain in detail what happened to cause the duplicate charge in #10</b>	
Referred for OSC date (if applicable):	